

# 2013/2014 FORM A

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**FROM JANUARY 1, 2013 TO DECEMBER 31, 2014, I PERFORMED SURGERIES/PROCEDURES REQUIRING CONSCIOUS SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA AS LISTED AND DESCRIBED BELOW:**

**(These surgeries/procedures were performed in my Nevada office, or in facilities other than those listed on page three of the Instructions). Use additional sheets of paper if more space is required.**

## **1. Conscious Sedation**

Print name of surgery or procedure:

How many:

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## **2. Deep Sedation**

Print name of surgery or procedure:

How many:

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## **3. General Anesthesia**

Print name of surgery or procedure:

How many:

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**4. Sentinel Event**

Print name of surgery or procedure:

Date of sentinel event:

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**Print Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THIS REPORT IS CONFIDENTIAL AND NOT SUBJECT TO SUBPOENA OR DISCOVERY,  
AND NOT SUBJECT TO INSPECTION BY THE GENERAL PUBLIC.

Please submit to the Nevada State Board of Medical Examiners **prior** to applying for  
renewal of your medical license:

By mail to: 1105 Terminal Way, Suite 301, Reno, NV 89502-2144  
By fax to: 775-688-2553  
By email to: [surgeryreport@medboard.nv.gov](mailto:surgeryreport@medboard.nv.gov)  
By hand delivery: 1105 Terminal Way, Suite 301, Reno, NV 89502